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- We've found significant inequities in Ontario's mental health care system.
- Men and women experience problem gambling differently; gender-specific treatment may be appropriate.
- Homeless and marginally-housed people nationwide are dying earlier than even the poorest Canadians.
- The most successful programs for homeless people with concurrent disorders promote the client's sense of autonomy.

The gatekeeper system and disparities in use of psychiatric care by neighbourhood education level: Results of a nine-year cohort study in Toronto.

Steele L, Glazier R, Agha M, Moineddin R. *Healthcare Policy*. 2009; 4 (4): e133-e150.

KEY MESSAGE:

We've found significant inequities in Ontario's mental health care system. The lowest SES groups are usually the last in line to see a psychiatrist.

CRICH STUDY CONTACT:

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BACKGROUND:

Ontario's fee schedule for psychiatric care encourages psychiatrists to require physician referral for new patients.

FOCUS OF THE STUDY:

We were interested whether mental health care is delivered fairly to people from different socioeconomic groups. We used census and health services data (1995-2004) for 1.4 million adults in Toronto to compare psychiatric referral patterns and wait times for the lowest and highest socioeconomic status (SES) neighbourhood groups. Education level was used as an indicator of SES.

KEY FINDINGS:

- The lowest SES group was **most likely to seek out mental health care**.
- Family physicians were **twice as likely to refer** the highest SES group to a psychiatrist.
- Once referred, women in the lowest SES group **had to wait 3 months longer** to see a psychiatrist than women in the highest SES group.
- The highest SES group was **twice as likely to bypass the referral system altogether** and see a psychiatrist without a referral. Bypassing the system was associated with dramatically shorter wait times - the difference was about **10 months**.

Gender and perceptions of gambling: A pilot study using concept mapping.

Matheson FI, O'Campo P, Salmon C, Zangeneh M, White H, Ahmad F, Lam S. November 2009. Available at: www.gamblingresearch.org/contentdetail.sz?cid=3701

CRICH STUDY CONTACT:

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BACKGROUND:

Gambling problems are on the rise among adult Canadians. Gambling "screeners" are questionnaires that health care providers can use to identify people with gambling problems. Early identification is key to improving physical, emotional, and mental health outcomes for clients and their families.

FOCUS OF THE STUDY:

We interviewed 28 gamblers, family members, and health care providers in Ontario. Our hope was to better understand the experiences of women and men who are social and problem gamblers.

KEY FINDINGS:

Men and women experience problem gambling differently. They also experience different barriers to seeking help. For example:

- Men felt that their negative emotional responses to gambling (e.g. **feelings of isolation, frustration about losing, or depression**) made it difficult for them to keep gambling under control, and stopped them from seeking help.
- Women said that the physical environment of the casino and psychological/emotional stimulation (e.g. **VIP treatment, or the entertaining aspect of gambling**) made it difficult for them to control their gambling or to seek help.

IMPLICATIONS FOR HEALTH POLICY AND PRACTICE:

In this study, we identified issues that are not specifically addressed in the current and most widely-used gambling screeners. This information should be incorporated into new screeners to better identify men and women at risk of problem gambling. Our findings also indicate that gender-specific approaches to prevention, treatment, and the facilitation of help-seeking may be appropriate.

To subscribe to CRICH Research Flash, contact Emily Holton at holtone@smh.toronto.on.ca.

The Centre for Research on Inner City Health (CRICH) is part of the Keenan Research Centre in the Li Ka Shing Knowledge Institute of St. Michael's Hospital. Our mission is to reduce health inequities through innovative research that supports social change.

www.crich.ca

Mortality among residents of shelters, rooming houses and hotels in Canada: An 11-year follow-up study.

Hwang SW, Wilkins R, Tjepkema M, O'Campo PJ, Dunn JR. *BMJ*. 2009 Oct 26;339:b4036.

KEY MESSAGE:

For the first time, we have the numbers to prove that homeless and marginally-housed people nationwide are dying earlier than even the poorest Canadians.

CRICH STUDY CONTACT:

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BACKGROUND:

CRICH studies have shown that the average homeless person in Toronto will not live past the age of 50. However, nationwide mortality rates and causes of death for people who are homeless and marginally-housed in Canada were unknown.

FOCUS OF THE STUDY:

We used the 1991-2001 Canadian census to track the mortality rates and causes of death among 15,000 homeless and marginally-housed people across Canada. We compared our findings to mortality rates and causes of death among the poorest and richest Canadians, and among the general Canadian population.

KEY FINDINGS:

Among people who were homeless or marginally-housed in Canada:

- **The average lifespan was 7-10 years shorter than the lifespan of the general Canadian population.** Men living in shelters had the lowest life expectancy - 13 years less than the general population, and 16 years less than the richest Canadians.
- Men had about the same chance (32%) of surviving to age 75 as an average man in 1921 - before the advent of antibiotics.
- Women had about the same chance (60%) of surviving to age 75 as an average woman in Guatemala, where a significant proportion of the population lacks access to basic health care services.
- **Many excess deaths were related to mental disorders and suicides.** Homeless and marginally-housed men were twice as likely as the general Canadian population to commit suicide. **Homeless and marginally-housed women were almost 6 times more likely to commit suicide.**
- **A large proportion of deaths were potentially avoidable.** Some of the starkest differences in mortality rates between the homeless/marginally-housed and housed populations were for deaths due to alcohol- and smoking-related diseases, homicide, and injury.

IMPLICATIONS FOR HEALTH POLICY AND PRACTICE:

Interventions to improve health and prevent deaths among homeless and marginally-housed people should focus on greatly improving access to quality housing and health care. More and better programs for people with addictions and mental illness could also help reduce mortality rates.

Community-based services for homeless adults experiencing concurrent mental health and substance use disorders: A realist approach to synthesizing evidence.

O'Campo P, Kirst M, Schaefer-McDaniel N, Firestone M, Scott A, McShane K. *Journal of Urban Health*. Published online first: 16 September 2009. DOI 10.1007/s11524-009-9392-1.

CRICH STUDY CONTACT:

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BACKGROUND:

North American estimates suggest that as many as 10-20% of homeless adults experience concurrent mental health and substance use disorders. However, referral options and services for concurrent disorders are often limited, and homeless clients face multiple barriers to receiving and benefiting from care.

FOCUS OF THE STUDY:

We reviewed 10 distinct concurrent disorders programs to find out what kinds of interventions (and specific elements of interventions) can make a difference for homeless people with concurrent disorders. We also examined program contexts, to determine why and how certain approaches can lead to improved outcomes.

KEY FINDINGS:

Concurrent disorders programs were more effective in improving mental health issues, and less effective in reducing substance use problems.

Programs that were most effective in reducing mental health symptoms included one or more of the following:

- Client choice in treatment decisions
- Positive and trusting relationships between clients and providers
- Proactive, around-the-clock services from multi-disciplinary teams
- Housing provision
- Instrumental supports (e.g. legal aid, vocational training, community integration, etc.)
- Flexible, non-restrictive program policies

When considered together, these elements appear to work by building client autonomy.

RECOMMENDATIONS FOR FUTURE RESEARCH:

We encountered major gaps in the literature concerning the needs of homeless women, newcomers and refugees, and Aboriginal Peoples with concurrent disorders.

There is also an important need for more research on the effects of harm reduction programming.

IMPLICATIONS FOR HEALTH POLICY AND PRACTICE:

Concurrent disorders programs that promote autonomy and allow clients to set their own goals will likely be the most effective in improving mental health symptoms for homeless clients.